



Timothy P. Meier  
For: Identification Card Reader  
Our Docket No.: 283-304  
Telephone: (315) 425-9000

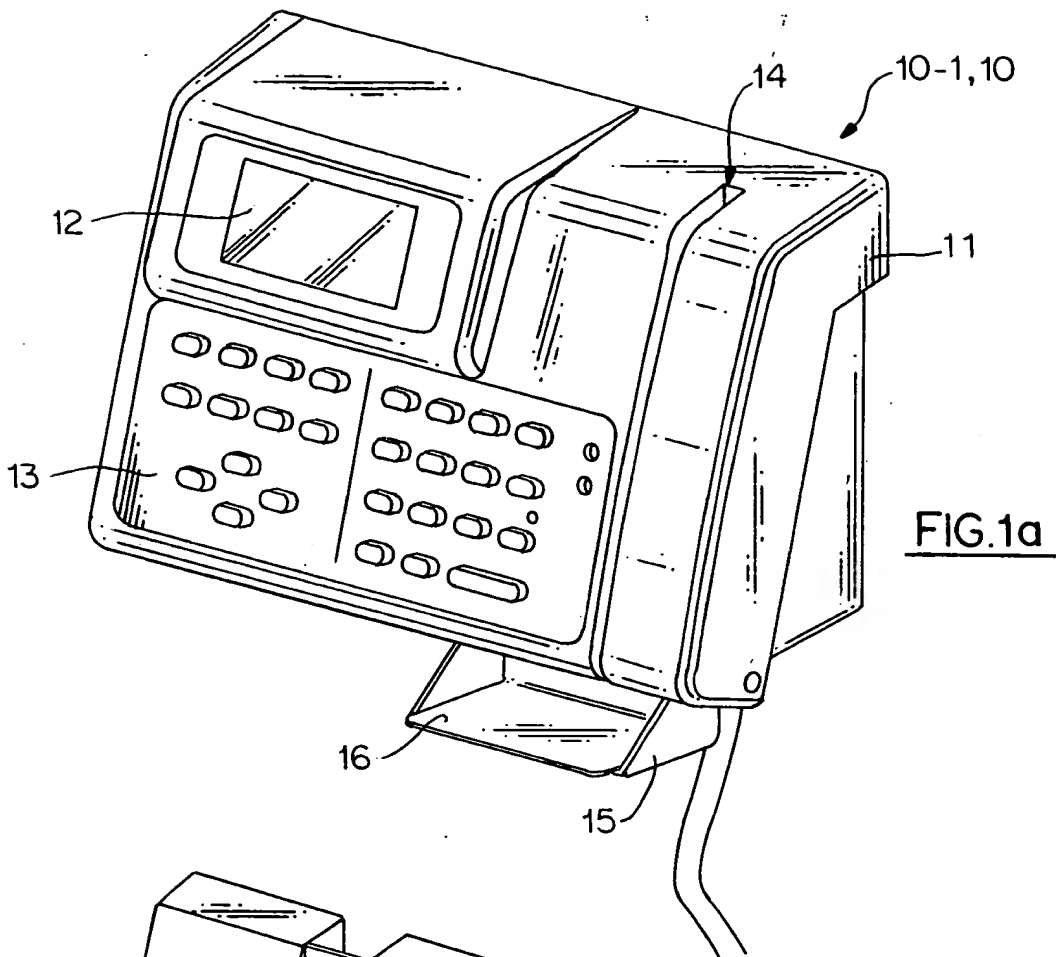


FIG. 1a

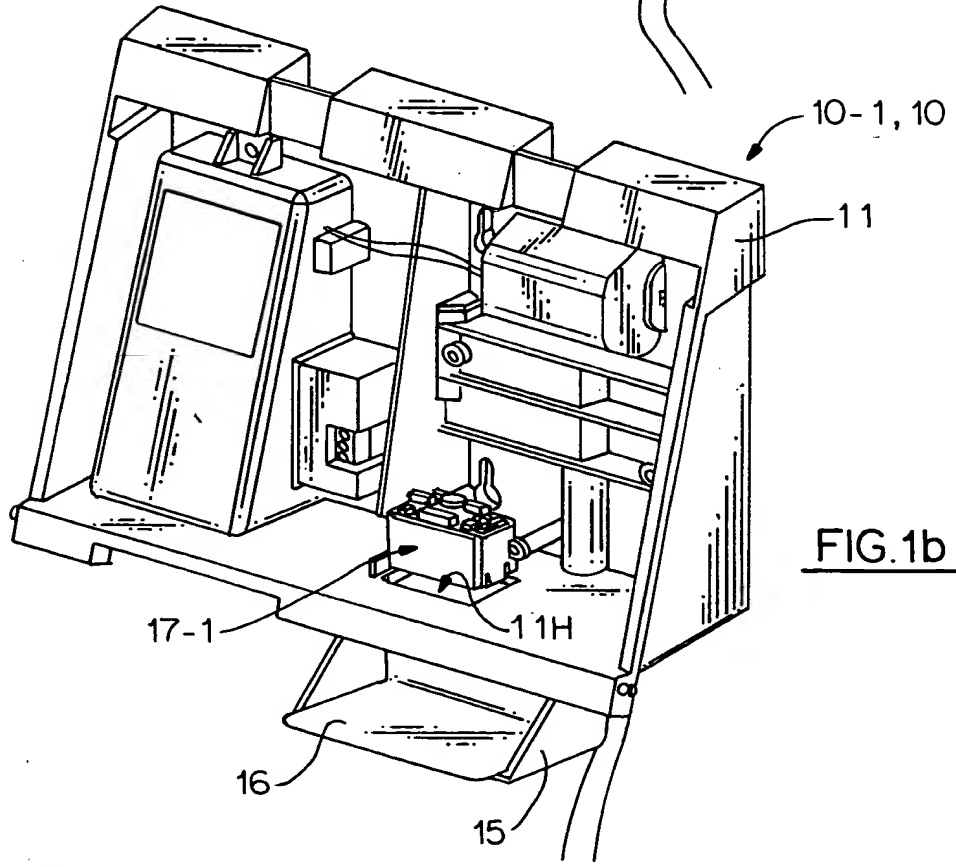


FIG. 1b



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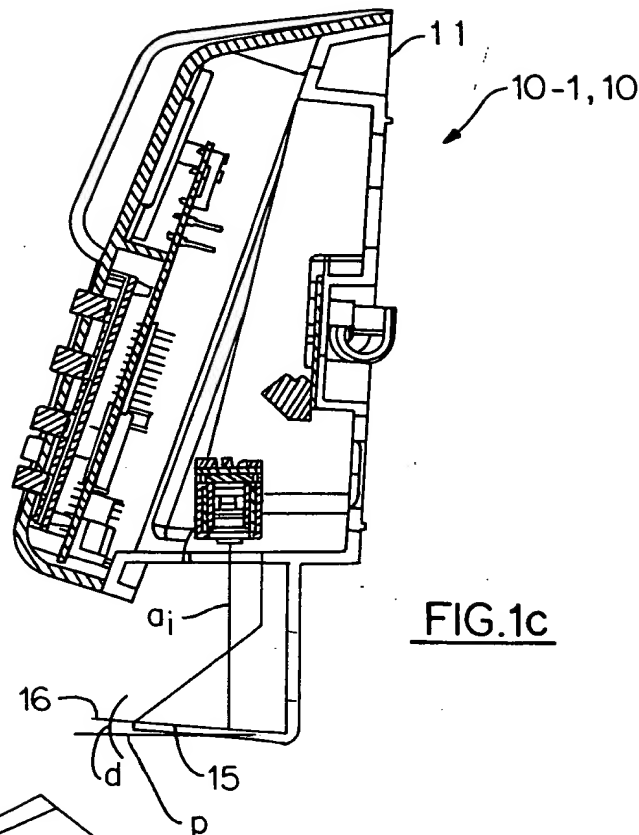


FIG.1c

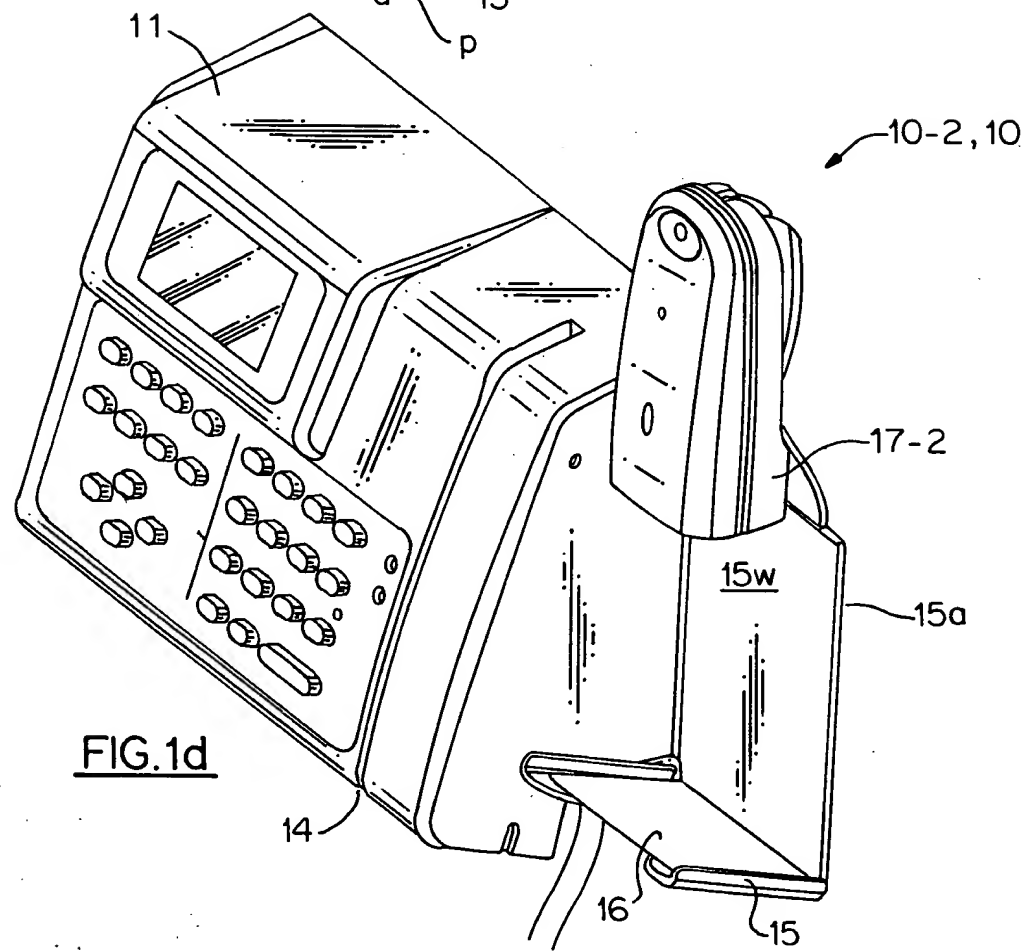


FIG.1d



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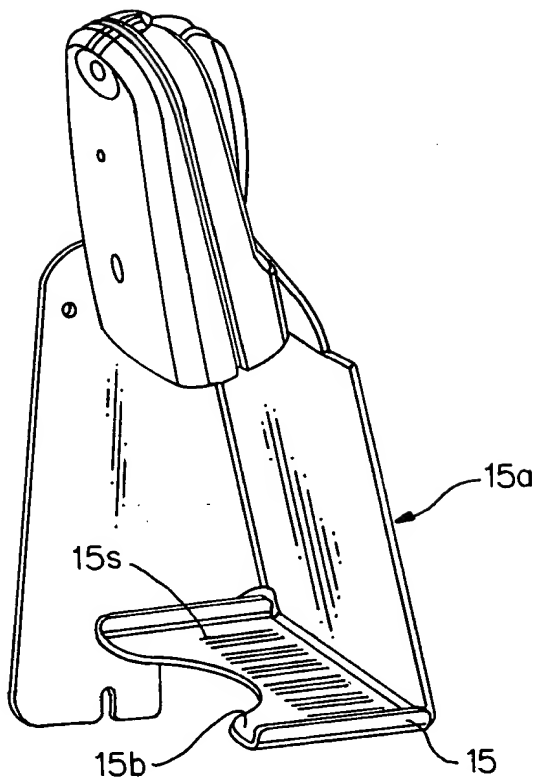


FIG. 1e

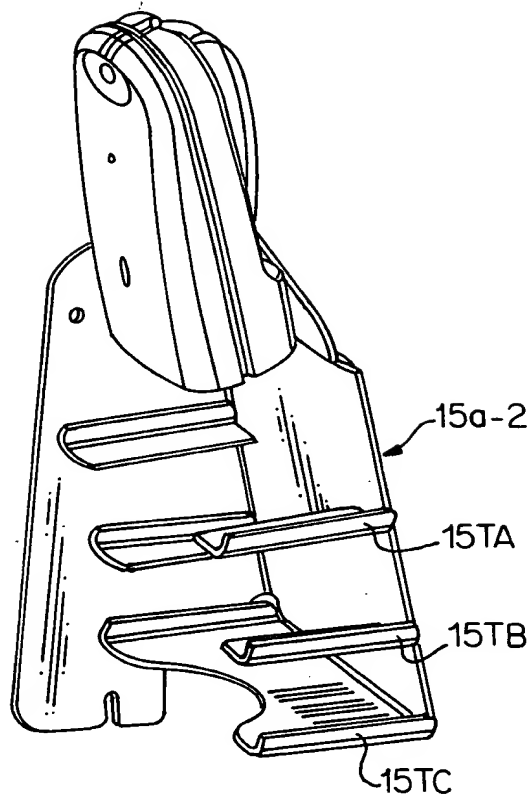


FIG. 1f

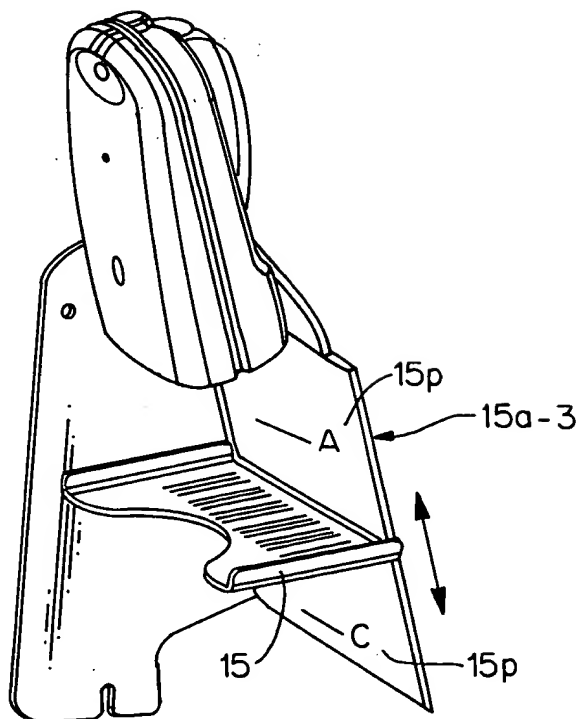


FIG. 1g



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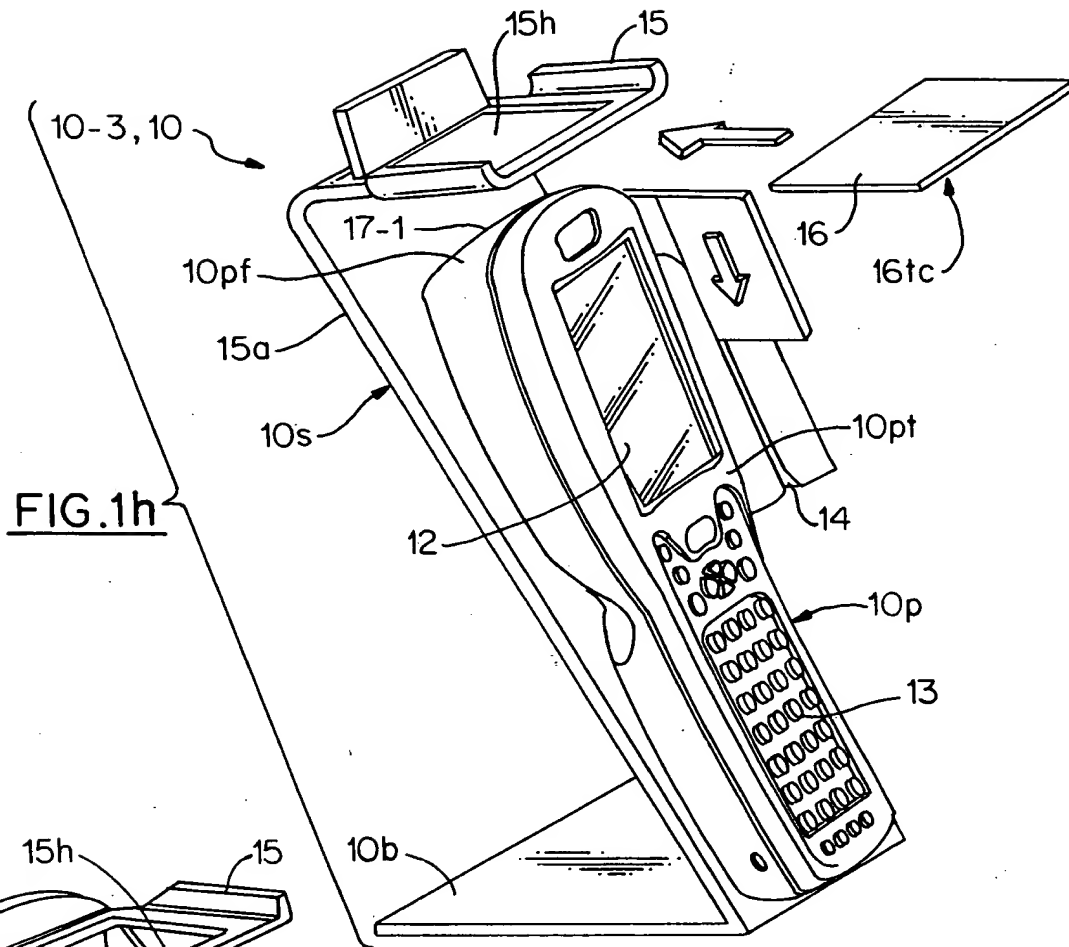


FIG. 1h

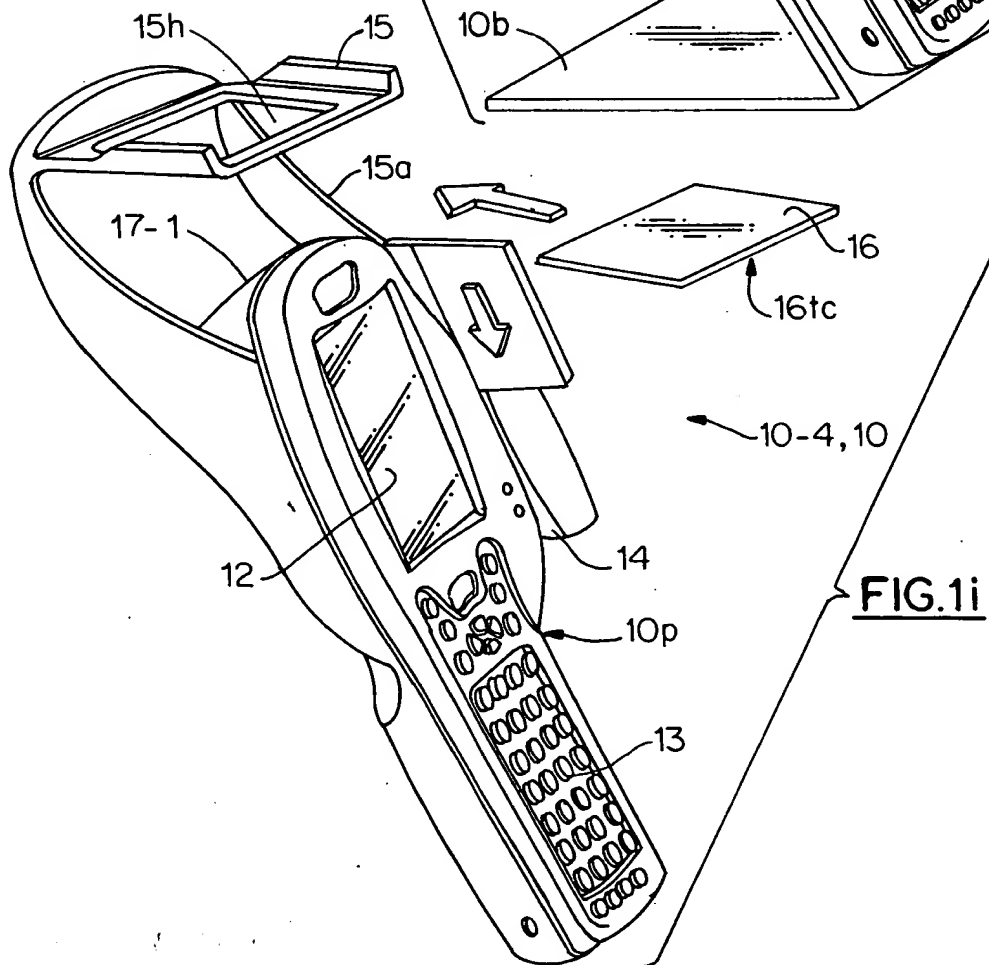


FIG. 1i



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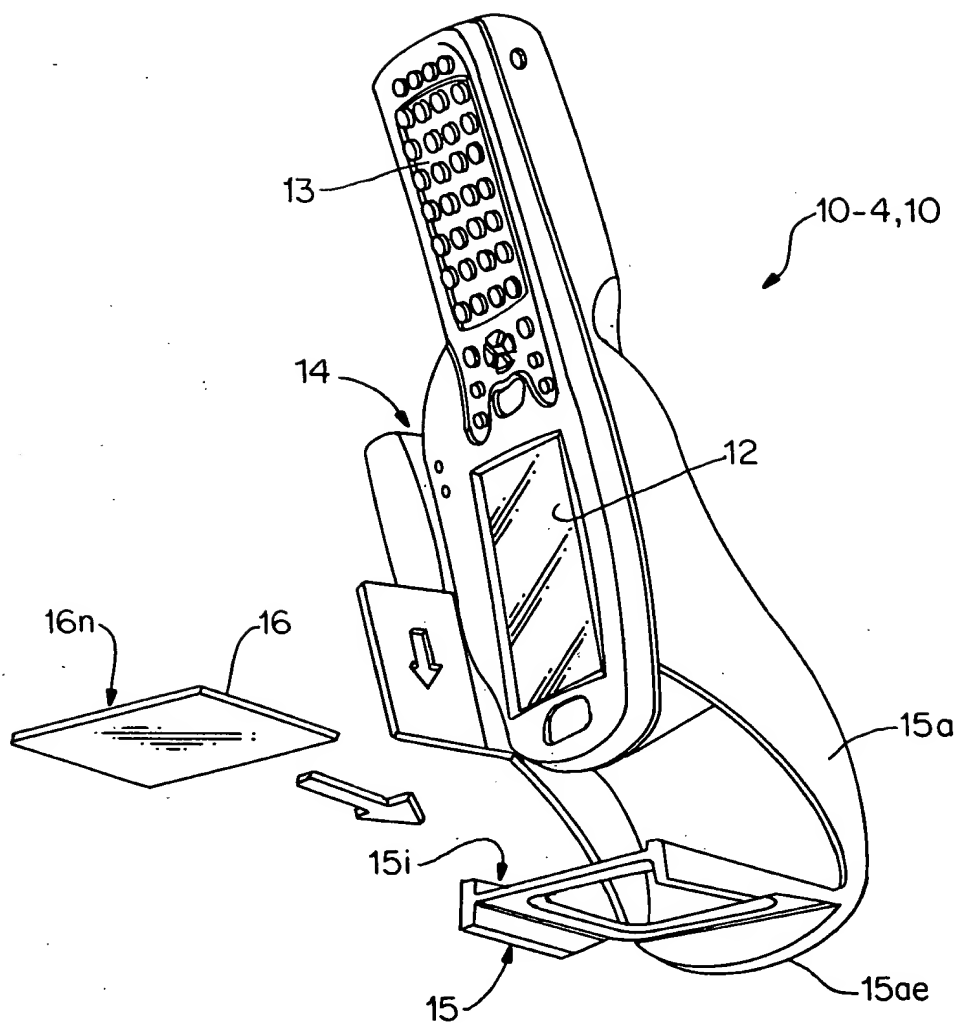


FIG.1j

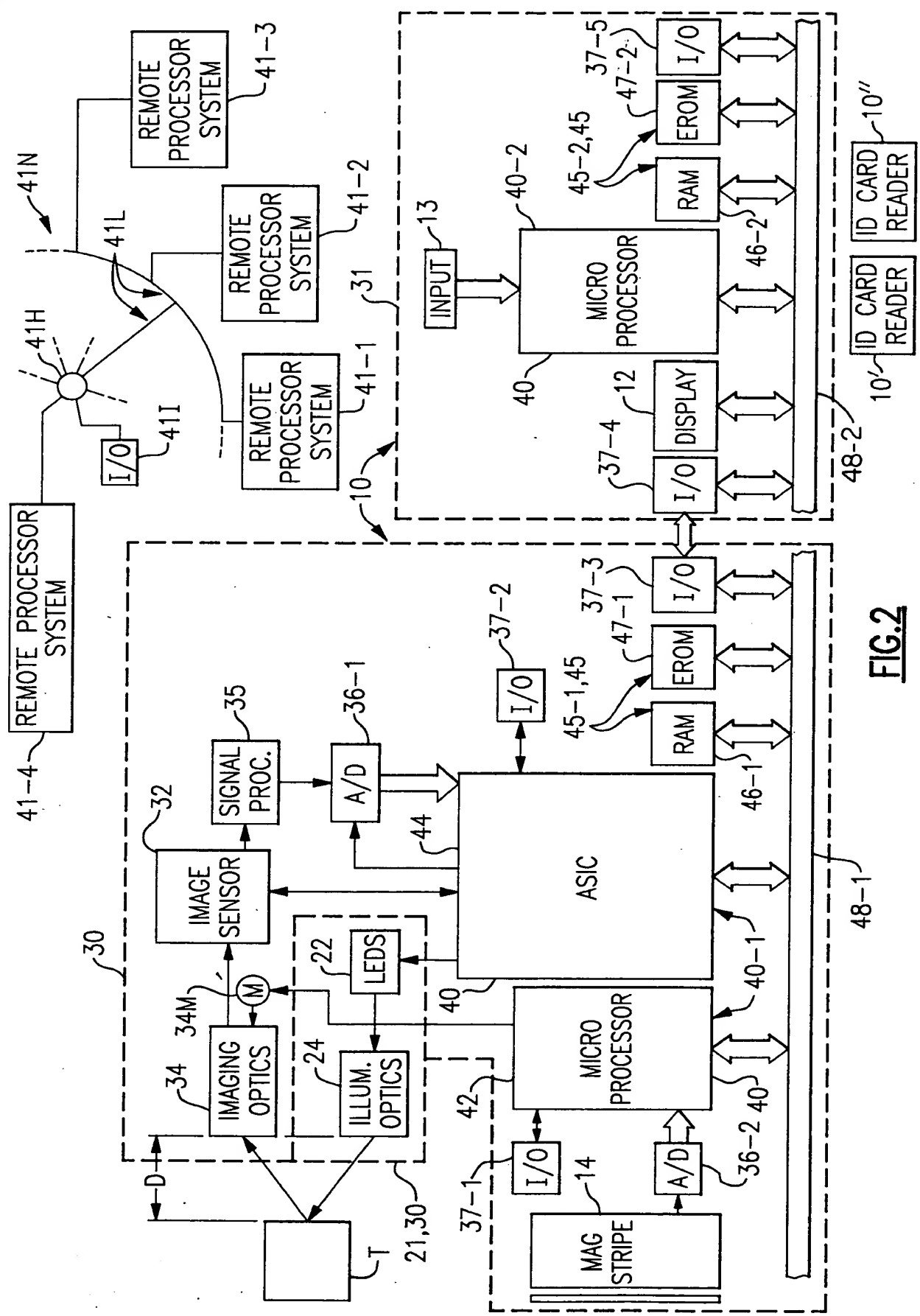



FIG. 2



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16

NEW YORK STATE  
ID 123 456 789 IDENTIFICATION CARD

16P  16F

DOB 01/01/50  
DOE, JOHN D.  
101 Maple St.  
Syracuse, NY 13203  
Sex: M Eyes: Bl Ht: 5'11" 16t

Signature John D. Doe 16SG

FIG.3a

16

16B

ENDORSEMENTS:  
(NONE)

RESTRICTIONS:  
CORRECTIVE LENSES

This Address change takes effect only if reported within 10 days.

16S2

ORGAN DONOR INFORMATION

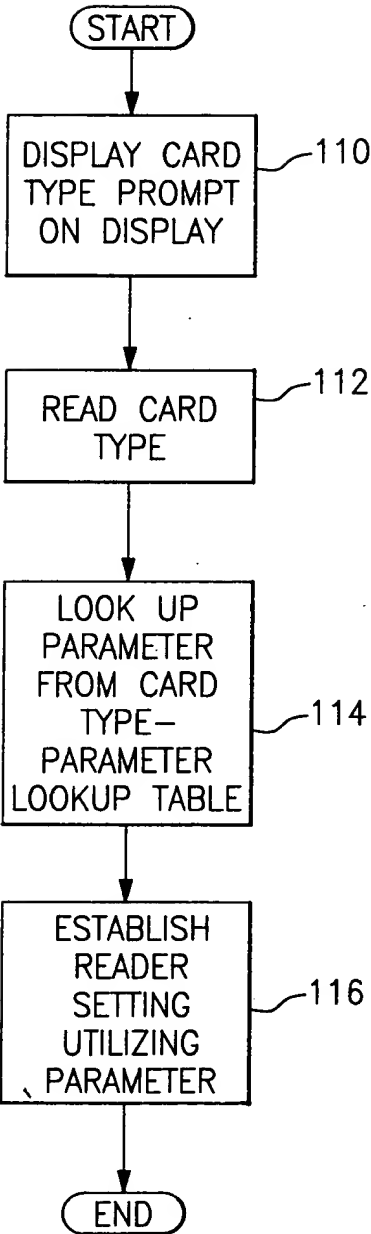
I HEREBY MAKE AN ANATOMICAL GIFT,  
TO BE EFFECTIVE UPON MY DEATH, OF:

A. ☐ ANY NEEDED ORGANS OR PARTS  
B. ☐ THE FOLLOWING BODY PART(S) \_\_\_\_\_  
C. ☐ LIMITATION(S) \_\_\_\_\_

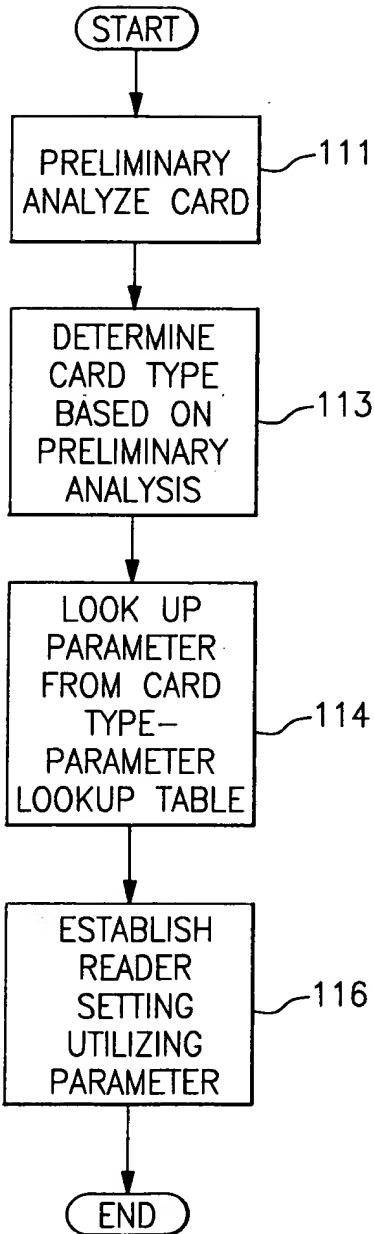
SIGNATURE: \_\_\_\_\_  
WITNESS: \_\_\_\_\_  
DATE: \_\_\_\_\_

16S1

FIG.3b

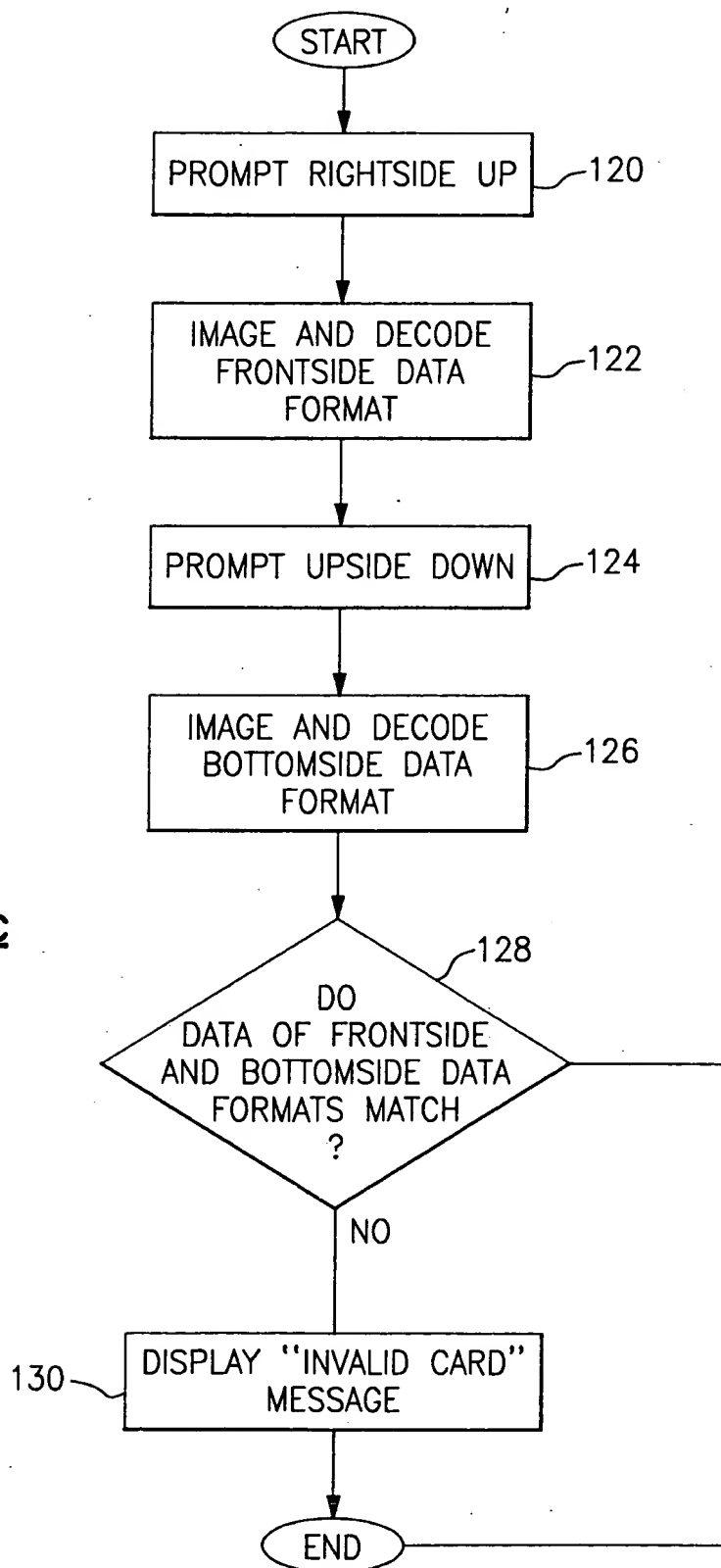


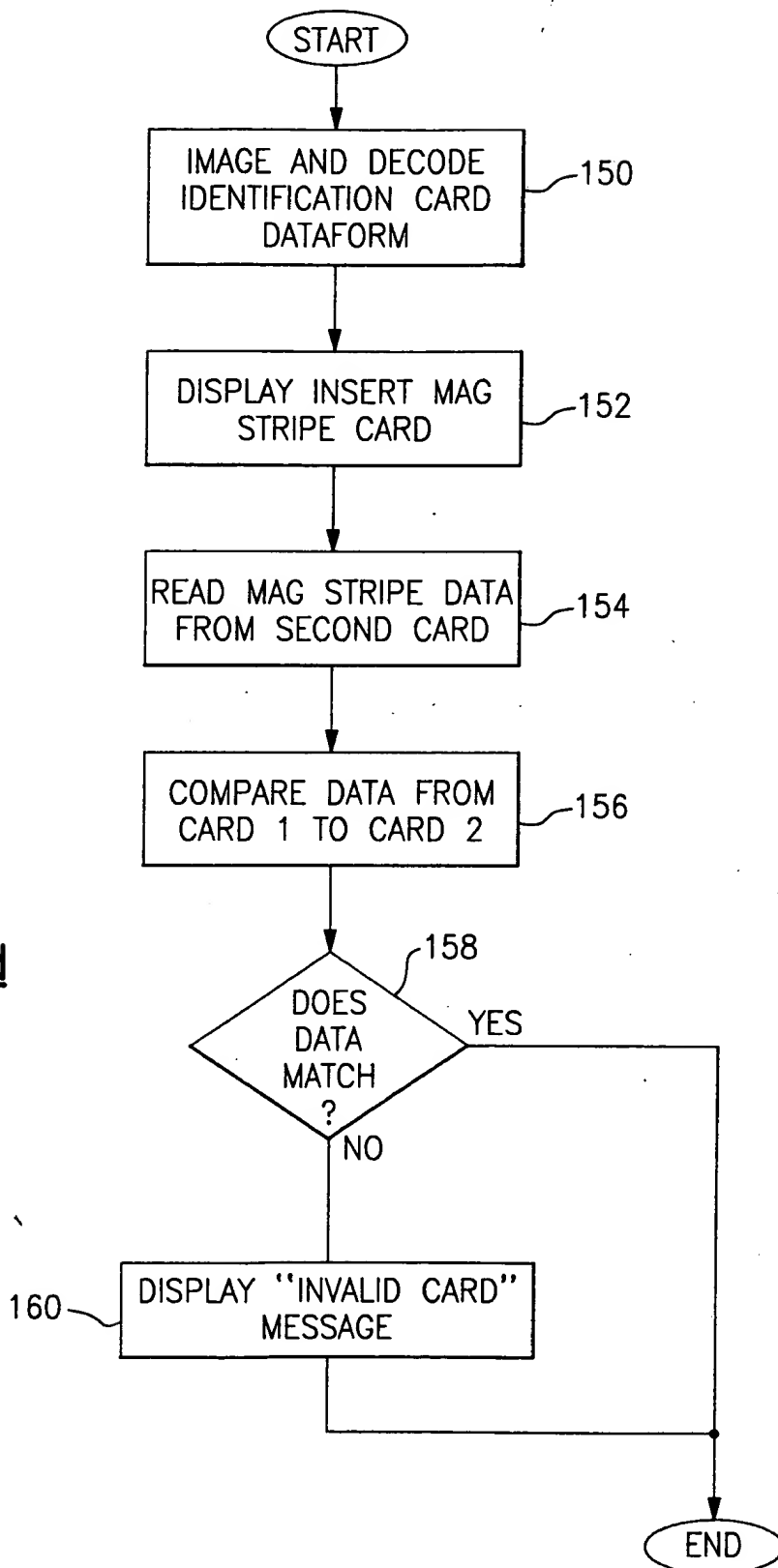
**FIG. 4a**

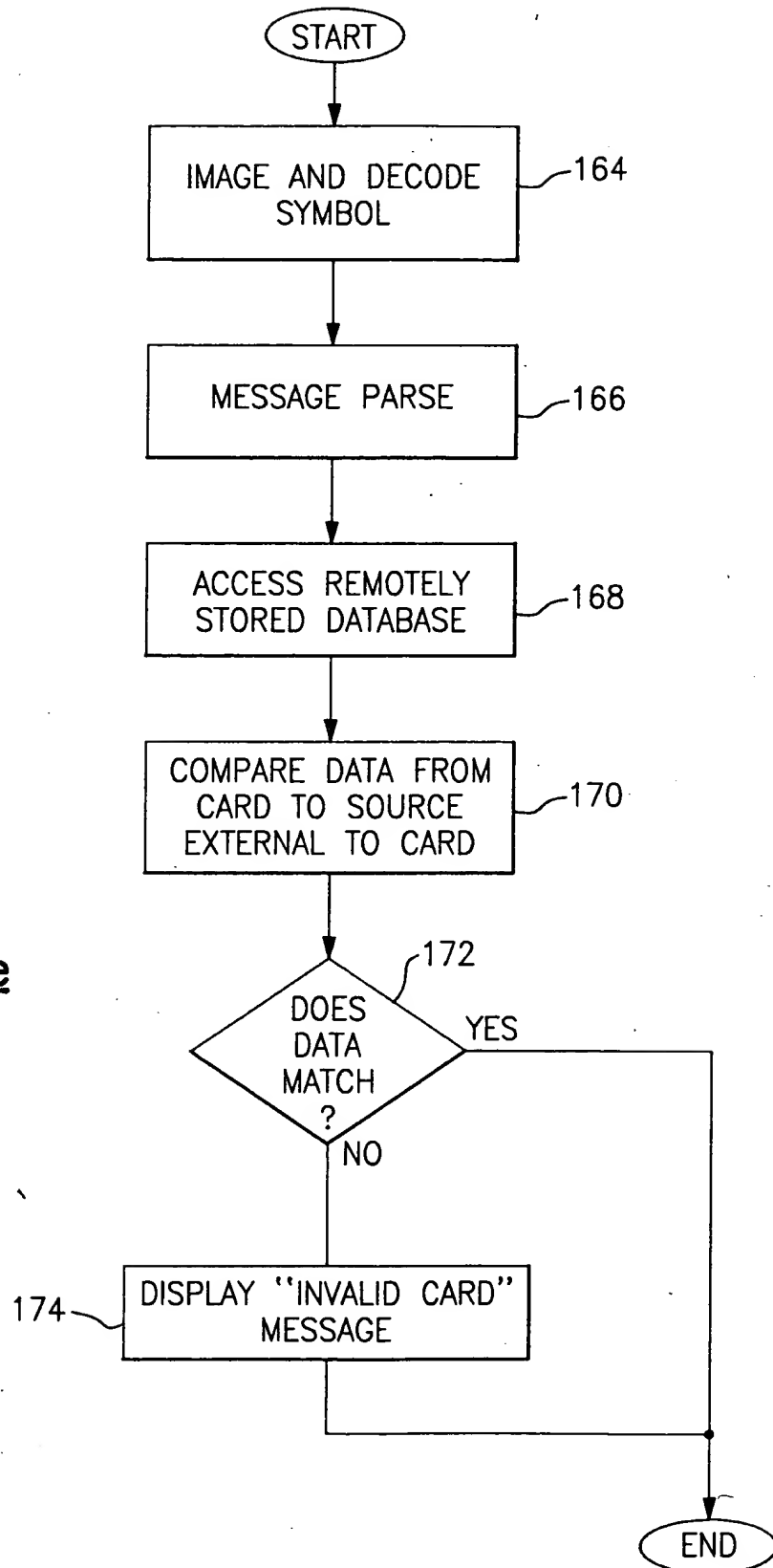


**FIG. 4b**









**FIG. 4e**

